

# REQUEST FOR LEAVE OR APPROVED ABSENCE

<b>1. NAME (Last, First, Middle Initial)</b> <span style="font-size: 1.2em; font-family: cursive;">SHew ALLEN J</span>		<b>2. EMPLOYEE IDENTIFICATION NUMBER</b> <span style="font-size: 1.2em; font-family: cursive;">XXXXXXXXXX</span> <b>BADGE NO.</b> <span style="background-color: black; color: black;">[REDACTED]</span>		
<b>3. ORGANIZATION</b> <span style="font-size: 1.2em; font-family: cursive;">S/31</span>				
<b>4. TYPE OF LEAVE/ABSENCE</b> <small>(Check appropriate box(es) below.)</small>	<b>DATE</b> <small>From: To:</small>	<b>TIME</b> <small>From: To:</small>	<b>TOTAL HOURS</b>	<b>5. FAMILY AND MEDICAL LEAVE</b>
<b>6. REMARKS:</b> <div style="background-color: black; width: 100%; height: 50px;"></div>				
<b>7. CERTIFICATION:</b> I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required), and that falsification of information on this form may be grounds for disciplinary action, including removal.				
<b>EMPLOYEE SIGNATURE</b> <span style="font-size: 1.2em; font-family: cursive;">[Signature]</span>			<b>DATE</b> <span style="font-size: 1.2em; font-family: cursive;">6/18/01</span>	
<b>8. OFFICIAL ACTION ON REQUEST:</b> <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <small>(If disapproved, give reason. If annual leave, initiate action to reschedule.)</small>				
<b>SIGNATURE</b>			<b>DATE</b>	
<b>PRIVACY ACT STATEMENT</b>				
<small>Section 6311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.</small>				
<small>Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.</small>				
<small>If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting these purposes.</small>				

PREVIOUS EDITION MAY BE USED

**STANDARD FORM 71** (Rev. 12-97)  
 PRESCRIBED BY OFFICE OF PERSONNEL MANAGEMENT .5 CFR PART 630  
 HRO OP #1 (12-98) (FRONT)

